



## EVR PROGRAM REQUEST FOR RE-AUTHORIZATION

This form is used when an Authorized User's password expires, or an Authorized User needs additional access for central processing purposes. If your password is expired and you have processed a transaction within the last 60 days, please complete this form and fax it to 617-351-9810. This form is required to be signed by the Dealer Principal, Comptroller, or EVR Supervisor. Contact your service provider helpline within 48 hours to confirm password has been activated.

DATE \_\_\_\_\_

DEALERSHIP/AGENCY \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

### AUTHORIZED EVR USER INFORMATION

NAME \_\_\_\_\_

LAST FOUR DIGITS OF YOUR SS# \_\_\_\_\_

SIGNATURE \_\_\_\_\_

REASON FOR REQUEST (CIRCLE ONE): EXPIRED PASSWORD      ADDITIONAL ACCESS

ADDITIONAL ACCESS LOCATION (S) : \_\_\_\_\_

#### Statement of Authorized User

I understand that if my password expires 3 times in a calendar year, I will not be permitted to continue as an Authorized User on the EVR Program.

Signature of Applicant: \_\_\_\_\_

#### Statement of Authorized Dealer/Agent Representative

I understand that if an Authorized User's password expires 3 times in a calendar year, they will not be permitted to continue as an Authorized User on the EVR Program. All Authorized End Users should process work on a regular basis to keep their password in an active status.

Applicant's Supervisor Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Position \_\_\_\_\_

RMV USE ONLY    REQUEST # \_\_\_\_\_    DATE \_\_\_\_\_    APPROVED BY \_\_\_\_\_